

Return this form electronically or hard copy to MSgt Lisa Luckenbach  
[Lisa.luckenbach@ang.af.mil](mailto:Lisa.luckenbach@ang.af.mil) or Bldg 203, Room 104

HOMETOWN HEROES QUESTIONNAIRE  
THE PRIVACY ACT OF 1974 APPLIES

Rank:

Last Name:

First Name:

Full Middle Name:

Last four of SSAN:

Your personal email address:

Your mailing address:

Your cell phone number:

Significant Other you want recognized (Identify as spouse, fiancé, girlfriend/boyfriend,  
etc) – Full Name:

Children's Full Name and Age

Dates deployed in support of what operation:

30 – 179 CONSECUTIVE DAYS

180-365 CONSECUTIVE DAYS

365 + CONSECUTIVE DAYS

Name of anyone you know who has separated or retired who deployed with you.  
Contact info if known, ie: phone number, address or email.

**PRIVACY ACT STATEMENT**

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force: Powers and duties; delegation by.

PRINCIPAL PURPOSE: Determine Eligibility for the Hometown Hero Award.

ROUTINE USES: Provide information to assist in validating service dates to determine eligibility and to assist in recognizing family members during award presentation . In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The `Blanket Routine Uses' published at the beginning of the Air Force's compilation of systems of records notices apply to this system.

DISCLOSURE: Disclosure is voluntary. Failure to provide this information may result in the inability to verify eligibility for the Hometown Hero Award or inability to acknowledge family members during the presentation ceremony.